



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/16/2008	200816502010	TRADE NAME RENEWAL (RNR)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

SCOTT FETZER MARY ANN WALLACE
28800 CLEMENS ROAD
WESTLAKE, OH 44145-1197

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**RN113285**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAMPBELL HAUSFELD, A SCOTT FETZER COMPANY

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME RENEWAL

Document No(s):

200816502010

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 13th day of June, A.D.
2008.

Ohio Secretary of State



Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

RECEIVED

JUN 13 2008

RENEWAL OF TRADE NAME REGISTRATION

SECRETARY OF STATE

1. The Registration Number to be renewed is: **RN113285**
2. The trade name to be renewed is:
CAMPBELL HAUSFELD, A SCOTT FETZER COMPANY
3. The date of original registration is: **August 2, 1988**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☐ an Ohio corporation, Charter Number: _____
 - ☒ a foreign corporation, incorporated in the state of: Delaware
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization
5. The name of the applicant designated in item 4 is:
Campbell Hausfeld/Scott Fetzer Company

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

28800 Clemens Road
(Street address only, P.O. Box not acceptable)

<u>Westlake</u>	<u>Cuyahoga</u>	<u>Ohio</u>	<u>44145</u>
(City, Village or Township)	(County)	(State)	(Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: Judy A. Fox

Judy A. Fox, Assistant Secretary